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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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1.	NAME OF					
	COMMITTEE	(in	full			

TYPE OR PRINT ▼

Example: If typing, type over the lines.

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ADDRESS (number and street)	PaB	<u>ાંગ પ્રાથક કરાકાલ</u>	51.1.1.1.1.1		
Check if different than previously					
reported. (ACĆ)	PROIV	I I DI EI NI CIEI		BII OLE	1908-0285
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		STATE A	ZIP CODE A
C004265	28	3. IS THIS REPORT	X NEW OR	AMEND (A)	DED
4. TYPE OF REPORT (Choose One)	(b) Monthi Report	t	May 20 (M5	5) Aug 20 (I	M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reparts:	Due C)n: Mar 20 (M3)	Jun 20 (M6) Sep 20 (I	M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M	•
Quarterly Report (Q July 15	(C) 1	2-Day	Primary (12P)	General (12G	Runoff (12R)
Quarterly Report (C	2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
October 15 Quarterly Report (Q	13)	·	## ## / D D /	Y Y Y Y	in the
January 31 Year-End Report (Y	Έ) _	Election on			State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n F	BO-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	M M / D D /	20/0	in the State of RI
5. Covering Period	M / D D	2010	through //	2 / D D / Y	0/0
I certify that I have examined th	is Report and	to the best of my kne	wledge and belief it is	true, correct and cor	nplete.
Type or Print Name of Treasure	r Paul	- J. MALOI	VEY		
Signature of Treasurer		and ff	My	Date 1 1	28 2010
NOTE: Submission of false, erron	eous, or incor	nplete information may s	ubject the person signing	this Report to the pe	enalties of 2 U.S.C. §437g.
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